ESSEX EDUCATION COMMITTEE.

REPORT

OF THE

SCHOOL MEDICAL OFFICER

ON THE

MEDICAL INSPECTION AND TREATMENT OF SCHOOL CHILDREN

FOR THE

Year ended December 31st, 1935.

Printed by John Burrow & Sons, Limited, Essex and 91, High Street.

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INDEX.

ESSEX EDUCATION COMMITTEE.

PREFACE.

To the Chairman and Members of the Essex Education Committee.

In accordance with the requirements of the Board of Education, I have the honour to submit to you the Twenty-seventh Annual Report on Medical Inspection and Treatment for the year ended 31st December, 1935, in the part of the Administrative County of Essex for which the County Council is the Education Authority.

As in previous years, the outstanding features of the Report are summarised in this Preface.

School Population.

In 1935, the average attendance (91,865) was 1,597 less than the figure for 1934, the number of elementary schools being 449, or an increase of 5 over the figure for the previous year. In addition, there are 19 maintained secondary schools, 8 technical and art schools, 11 aided secondary schools, and 9 other recognised secondary schools. Thirteen schools in the last two mentioned groups are not subject to medical inspection.

Staff.

The medical staff was again augmented, with the result that the equivalent number of whole-time Medical Officers undertaking school medical duties was increased from 13.25 to 14.25.

In July, 1935, the Committee appointed a member of the existing dental staff (Mr. S. K. Donaldson, L.D.S.) as Senior Dental Surgeon in order to assist me in organising and supervising this important branch of the service.

As forecasted in last year's Annual Report, two additional Dental Surgeons with Dental Attendants took up duty during the latter part of the year, making a total of seven whole-time Dental Surgeons.

Provision has been made in the Estimates for the forthcoming year for still further strengthening this service by the appointment of three whole-time Dental Surgeons with Dental Attendants.

Additions to the staff of School Nurses were also made, increasing the equivalent number of whole-time School Nurses from 27.25 to 28.55. Most of these School Nurses are also assisted by 163 District Nurses by arrangement with the Essex County Nursing Association.

Medical Inspection.

Comparative figures showing the number of examinations carried out during 1934 and 1935 are given below :—

	No. of Examinations. 1934.	1935.
Three Prescribed Groups	49,150 ..	45,814
Specials	9,135 ..	10,444
Re-inspections	23,703 ..	25,099
Totals	81,988 ..	81,357

It will be observed that the number of children inspected in the Three Prescribed Groups was 3,336 less than the previous year. This was due to the fact that in 1934 arrears of work in these Groups had to be overtaken. In 1935, however, for the first time for some years, the examination of all age groups was completed. This enabled the medical staff to devote more time to the " specials " and " re-inspections " groups, which show a total increase of 2,705.

It was necessary in five instances to carry out the medical inspection of the children on premises away from the schools. Attention is also drawn in this Report—see page 12—to the inconvenience caused at many schools when the medical inspections have to be carried out. It would be very helpful to the service if at least one room was provided and earmarked in every school for school medical work.

The School Medical Inspectors report that many parents expressed their appreciation of medical inspection and they continue to take a keen interest in the school medical work. It is now the exception for parents of children in Junior Schools to be absent from the medical inspections.

Findings of Medical Inspection.

Table II A on page 38 gives the number of children found at school medical inspection to require treatment, excluding nutrition, dental disease and uncleanliness. This is the first year that nutritional defects have been omitted from this Table at the special request of the Board of Education, to which special reference is made on the following page.

Of the 45,814 children examined, 5,828 (or 12.72 per cent.) were found to require treatment. This is very satisfactory when compared to 17.06, which was the percentage for the previous year. Defects of eyes, nose and throat and skin were again in the majority. It is satisfactory to note that, from a review of the work for several years, the children as a general rule are now more sensibly and better clad, more alert and their general health appears to be better.

School Nurses, with the assistance of District Nurse-Midwives, again kept under supervision those children who were found to be in need of treatment, the former making 36,092 and the latter 7,995 visits to the homes of the children.

Nutrition.

In recent years, increasing attention has been devoted to the problems of nutrition ; consequently, the Board of Education deemed it desirable to ask local Education Committees to furnish separately in a prescribed table (see Table II B on page 39) particulars regarding malnutrition amongst school children.

By Administrative Memorandum No. 124, dated 31st December, 1934, the Board set out the main points which School Medical Inspectors should bear in mind when classifying the children in the four Groups, namely :—(*a*) excellent, (*b*) normal, (*c*) slightly sub-normal, and (*d*) bad. It will be seen from Table II B that 95.79 per cent. are in Groups (*a*) and (*b*), 3.97 per cent. in Group (*c*), and that only 0.24 per cent. (or 2.4 children per 1,000) are within Group (*d*). The highest percentage in the last mentioned Group is amongst the entrants. Enquiries into some of the last mentioned cases frequently showed that malnutrition was due to a badly balanced diet rather than to insufficient food. In this connection, it is encouraging to note from the observations of School Medical Inspectors, School Nurses and Head Teachers that the Milk-in-Schools Scheme has produced beneficial results to the health and physique of the children.

Health Exhibitions provided by the County Public Health and Housing Committee, in association with local organisations, have been held for several years, particularly in villages. At these Exhibitions, every effort is made to educate the parents in regard to the provision of balanced meals, and to the food value of fresh foods and fresh milk.

Defective Vision.

A further increase is recorded in the number of children receiving treatment for defective vision. Out of 6,361 children treated, 5,957 (or an increase of 1,224) were dealt with under the Committee's Scheme. Spectacles were prescribed for 3,423 children, and 3,122 obtained them.

I have included on page 19 some observations by the whole-time Ophthalmic Surgeon, whose services along with the part-time services of a Consultant, have considerably strengthened the facilities available. Experience of this service during the past twelve months has led the Committee to decide to engage a further part-time Oculist during 1936 for two sessions per week.

Reference must also be made to the innovation of the arrangements which have been made for examining eye defects of children under school age. This is particularly desirable in children who develop squint, which most often appears between the ages of 2 and 6 years. Treatment at that age gives the best results.

Dental Treatment.

Table V on page 43 gives details of the amount and nature of the work carried out by the Dental Surgeons during the year. 43,247 children were inspected by the Dental Surgeons, and 29,693 (or 68 per cent.) were found to

require treatment. A much greater increase in the work would have resulted if it had been possible to maintain the whole-time dental staff at full strength during the year.

Observations upon the year's work by the Senior Dental Surgeon, whose help has been invaluable since he took up duty in July, 1935, are given on page 22. Special reference is made to the gratifying increase in the amount of conservative work which is now being undertaken, and to the important part which the provision of premises (Combined Treatment Centres) plays in securing increased acceptances of treatment, and in the production of good work by the staff. Much useful propaganda work has also been undertaken during the year with a view to educating the parents on the importance of complete dental treatment for their children.

Crippling Defects.

A summary of the work carried out during the year is given on page 25, and shows that 68 Ascertainment Clinics were held. 994 children were examined, 298 being new cases and 696 re-examinations. The After-treatment Centres and the County Orthopædic Masseuses have again rendered good service; 1,286 sessions were held and 8,878 attendances recorded.

Milk-in-Schools Scheme.

This Scheme, which has for its object the provision of at least one-third of a pint of milk per day for each school child, was described in last year's Annual Report.

With the helpful co-operation of the Head Teachers, the Scheme was at the end of the year in operation in 463 schools, with 38,044 scholars participating.

Enquiries into the reasons why some children did not take the milk showed that some did not like milk, and others would not drink cold milk; some of the older girls were afraid milk would result in increased weight, and some parents did not wish their children to take milk. The Head Teachers report improvement in the children, who are brighter and more alert, and better health means more regular attendance.

The full success of the Scheme cannot be assured until 100 per cent. of the children are participating and, in their general interests, every effort should be made to attain that end.

Minor Ailment Clinics.

There are 31 Minor Ailment Clinics in the area covered by this Report, an increase of two, which were opened at Hadleigh and Thundersley. Plans have been prepared for new clinics at Rainham, Burnham-on-Crouch, Rayleigh, Grays, Vange, Braintree and Epping.

Attendances at these Clinics by 19,400 children totalled 44,083.

Secondary Schools and other Institutions of Higher Education.

For the first time, routine inspections of all maintained and deficiency aided schools who have agreed to medical inspections were carried out during the year. The number of scholars examined, therefore, increased from 4,997 in 1934 to 7,033 in 1935. Of these, 759 (or 10.7 per cent.) were referred for treatment. This is a very satisfactory result, as the respective figures for 1934 were 758 or 15.17 per cent. In addition, 745 scholars were re-inspected and 226 were examined as "specials."

Consideration is still being given to the question of the provision of treatment facilities for secondary and technical scholars. Two Part III Education Authorities (Barking and Walthamstow) are, by arrangement, readily co-operating in the provision of inspection and treatment of scholars by their dental staff. This is of great advantage to many of the scholars as it secures continuous supervision and treatment. It is hoped that in the near future the remaining Part III Authorities will also help in this most desirable arrangement.

Conclusion.

I wish to take this opportunity of again expressing my sincere thanks to the Chairman and Members of the Education Committee and the School Medical Sub-Committee for their kindly advice and assistance during the year. My thanks are also due to the Director of Education, Head Teachers, Clerks to District Education Sub-Committees, as well as to the Medical, Dental, Nursing and Clerical Staffs, for their valuable co-operation and assistance.

I particularly desire to thank the Deputy County Medical Officer, Dr. T. P. Puddicombe, for compiling this report and for his help throughout the year.

W. A. BULLOUGH,
School Medical Officer.

Public Health Department,
County Hall,
Chelmsford.
April, 1936.

ESSEX EDUCATION COMMITTEE.

ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER FOR THE YEAR 1935.

1. Area, Population and Staff.

(a) *Area and Population.*

The population of the Geographical County of Essex according to the Registrar General's estimate at mid-year, 1934, was 1,842,550, allocated as follows :—

(1) Administrative County Area, within which the Essex County Council is responsible for :—

(*a*) Elementary (and also Secondary) Education	727,018
(*b*) Secondary Education only	568,932
(2) County Boroughs	546,600

The Registrar General's estimated populations for 1935 are not yet available.

In area (1) (*a*) the number of Elementary Schools has increased from 444 in 1934 to 449 (234 Non-Provided and 215 Council) in 1935. The Council Schools include four Special Day Schools for the Mentally Defective (accommodation 212), one Open-Air School (accommodation 60), Special Classes for the Physically Defective (accommodation 125), and one Special Sight Saving Class (accommodation 20). There are 555 departments, with 104,258 scholars on books and an average attendance of 91,865, and also nine Secondary Schools with accommodation for 3,590 pupils.

Area (1) (*b*) contains ten Secondary Schools, with accommodation for 4,602 pupils, and eight Technical and Art Schools with 1,396 pupils on books.

In the Administrative County there are also eleven aided (including seven deficiency aided) Secondary Schools with a total number on books of 3,918 pupils and a further nine recognised Secondary Schools with 2,161 pupils on books. Routine Medical Inspections are now carried out at six deficiency aided schools and at Ilford Ursuline High School (aided).

(b) *Staff, &c.*

Changes in the Medical, Dental and Nursing Staffs during 1935 were as follows :—

School Medical Inspectors.

(a) *Appointments.* Graham, A. R., Mackenzie, Miss Meta, Anderson, L. G., Graham, J., Forbes, A. R., Turner, Mrs. Margaret (part-time Anæsthetist).

(b) *Resignations.* Stewart, W. A. M., Pearson, N., Wright, E. M.

Dental Surgeons.

(a) *Appointments.* (*Whole-time*). Davis, D. T., Haekman, W. J. C., James, N. A.

(b) *Resignation.* (*Whole-time*). Williams, E. C. E.

School Nurses.

(a) *Appointments.* (*Health Visitors*). Anderson, J., Candler, E. M., Darrell, E., Derry, A. M., Dickson, M. W., Owen, C. A., Smith, V.

(*Whole-time School Nurse*). Gardiner, N.

(b) *Resignations.* (*Health Visitors*). Hutley, A. J., Kelly, N. D., Morgan, L. M., Thomas, M. A., Trounce, A., Wigby, M.

Dental Attendants.

(a) *Appointments.* Brown, M., Martin, M., Diggle, I.

(b) *Resignation.* Adams, M.

2. Co-ordination of Health Work.

(a) *Medical Services.*

As in previous years, every facility is provided for full co-operation between the different branches of the County Medical Services. In the more populous areas, arrangements are made for the Medical Officers to devote the great majority of their time to School duties with the object of facilitating the arrangement of the work with the least inconvenience to the Teaching Staff. Nevertheless, it must be remembered that continuous occupation in school medical examinations places an unnecessary burden of a routine type of work on the Medical Officers concerned and probably is not followed by a consequent increase in efficiency. The increase in clinic services, however, has tended to somewhat relieve the monotony and create added interest. The combined medical services in the various areas of the County, whereby the Medical Officer of Health also carries out certain County Council duties, continue in the majority of instances to give every satisfaction. Careful scrutiny is kept on the work to ensure that neither service suffers and, as occasion demands, extra medical assistance is rendered. The equivalent number of whole-time Medical Officers performing school medical duties at the end of the year was $14\frac{1}{4}$, compared with $13\frac{1}{4}$ in 1934, and for this strengthening of staff the Committee are to be congratulated.

(b) *Nursing Services.*

Co-operation of the Health Visiting Staff is ensured as the Health Visitor usually also acts as School Nurse. Expansion of the work, due to increased population and additional clinic facilities, has caused an increase of staff. In this

connection, one additional whole-time School Nurse was appointed in Dagenham during 1935 ; also, by arrangement with the Grays U.D.C., a new Health Visitor was appointed who gives two-thirds of her time to school nursing.

At the end of the year there were 19 Health Visitors who included school nursing in their duties, and nine whole-time School Nurses (Dagenham 8 and Romford 1), making a total equivalent of 28.55 whole-time School Nurses.

In addition, the Chief and Assistant Chief Health Nurses render combined service which is of great assistance, not only from the supervising and co-ordinating aspect, but also in giving practical demonstrations. District Nurse-Midwives continue to provide most useful assistance in following up, &c., under the supervision of the Health Visitors.

(c) *Maternity and Child Welfare Clinics.*

Additional centres have been provided during the year at Chigwell, Great Tey, Leaden Roding, Roydon, Stondon Massey and Wivenhoe. As a result, the total number of centres in operation in the County Child Welfare Area at the end of the year was 103.

There has been an increased effort during the year to encourage the attendance of toddlers at the clinics, thus partially bridging the lapse in medical surveillance of the child from one to five years of age.

The number of Ante-Natal Clinics has increased from 17 in 1934 to 20, new clinics having been commenced at Burnham-on-Crouch, Great Wakering and Ongar.

The Child Welfare and Ante-Natal Clinics are staffed by Assistant County Medical Officers at 88 centres, and by general practitioners at 35 centres.

(d) *Care of Delicate Children under School Age.*

There is complete co-ordination between the different clinic services for the examination of any delicate children presented, although as far as possible these children are supervised at School Clinics or Child Welfare Centres as the case may be.

The orthopædic scheme is available for children of under school age as well as for those attending school.

3. School Hygiene.

(a) *General.*

This most important aspect of the school child's life is supervised by the School Medical Inspectors.

They report any defects found in buildings or equipment for early remedy. These arrangements must not, however, be taken as showing that everything possible has been accomplished, either in regard to the actual buildings or in the instruction given and actual practice of hygienic methods in school life.

The circulars and information recently issued by the Board of Education should stimulate still further efforts in this essential subject.

Everyone concerned will agree that hygienic surroundings, the promotion of hygiene and the regulation of the children's lives are all important and if persisted in will produce a much desired and lasting influence on the lives of the population.

(b) *Premises.*

The extensive building programme of the Education Committee has continued, with the result that during 1935 two new Secondary Schools and five new Council Schools have been opened as follows :—

Ilford County High Boys' } Secondary Schools transferred to new
Romford County High Girls' } buildings.
Dagenham Triptons Council Senior.
Dagenham Chadwell Heath Warren Council Senior.
Hornchurch Dury Falls Council Senior.
Nevendon Craylands Council Senior.
Romford Heath Park Council Senior.

One new Non-Provided School has been opened, viz. :—

Dagenham Connor Road Junior and Infants' (Non-Provided) R.C. School.

One School, under the re-organisation scheme, has been closed, viz. :—

Dagenham Chadwell Heath Fords Endowed.

4. Medical Inspection.

The result of inspections conducted during 1935 are set out in tabular form on pages 37 to 39 of this report.

(a) *Groups Inspected.*

These are similar to previous years, viz., the three statutory groups.

The end of 1935 sees Essex in a satisfactory position in regard to routine inspections, as it is the first time for some years that all age groups in each area have been completed. This is the result of the medical staff being increased to the required standard.

Tables I A and B show the total number of examinations, viz., 81,357, including 45,814 routine examinations, 10,444 special examinations and 25,099 re-inspections. As compared with the figures for 1934, this is a decrease of 3,336 routine and an increase of 1,309 specials and 1,396 re-inspections. These figures indicate that the routine examinations have now been brought up-to-date and more time is thus available for inspection of specials and re-examinations and treatment.

(b) *Holding of School Medical Inspections off the School Premises.*

This was necessary in the case of five schools. It must not, however, be taken for granted that in all the remainder of the schools all that is desirable for the carrying out of this most important work has been provided.

It is most desirable and, without being accused of exaggeration, one might say necessary that every school should have one room and in the larger schools two rooms mainly allotted for medical work.

These rooms should be available for use as and when required by the School Medical Inspector, School Dental Surgeon or School Nurse, and used only (if this is a necessity to obtaining such rooms) by the teaching staff when not required by the health staff. The rooms in scattered areas would take the place of the school clinic of the populous areas.

It is not for the benefit of the service that Head Teachers should have to re-organize classes, &c., to provide room for the entrance of the health staff, as this tends to make such visits unwelcome. Further, for this most important work to be conducted with comfort and accuracy a comfortable, warm and satisfactorily equipped room is certainly desirable.

5. Findings of School Medical Inspection.

(a) *General.*

The completed tables showing numbers of defects found at routine and special inspections are set out in Table II, the only modification being that nutritional defects according to the instructions of the Board of Education are set out separately in Table II B.

Scrutiny of the tables shows as usual that the great majority of defects are those of sight and of the nose and throat. Next in order are conditions of the skin.

In regard to Table II B, Nutrition, it will be seen that 91.27% are classed as normal, and 4.52% as excellent, *i.e.*, 95.79% were considered as quite satisfactory, leaving 4.21% as not up to normal. Of the last-named, 0.24% only were classed as bad or 2.4 children per 1,000.

Table I C shows the number of individual children found at routine inspections who need treatment, excluding conditions of uncleanliness and dental diseases. It will be remembered that in 1934 the percentage of those requiring treatment had risen from 14.32% to 17.06% and it is pleasing to note that the figures for 1935 show a large decrease even against the 1933 figures to 12.72%.

(b) *School Medical Inspectors' Reports.*

As usual, I herewith set out some of the more important comments contained in the Medical Inspectors' reports on the work during the year 1935 :—

(i) *Medical Inspections.*

Parents continue to take on the whole a keen interest in the school medical work, as shown by the good attendance at routine inspections.

To conduct medical inspection satisfactorily it is necessary to have a suitable and adequately heated room. This is not always provided.

It is the exception for children in junior schools to attend without one of the parents.

The attendance of parents falls off in increased ratio to the age of the child.

Many parents express their appreciation of medical inspection.

Reviewing the work of several years in school medical inspection it is noted that the children, as a general rule, are now more sensibly and better clad, more alert and, generally speaking, their general health appears to be better.

(ii) *Dental Treatment.*

There has been a marked increase in the amount of dental treatment provided during the past few years, and this is now beginning to show results. There is a decided improvement in the condition of the teeth of those children examined as leavers. The indirect effect of this in the health of the children cannot be estimated.

It is regrettable that of children referred for dental treatment a larger number do not take advantage of the facilities available. It is found frequently that, when parents complain that they are unable to obtain emergency treatment for their children, they have previously refused to take advantage of the scheme.

Instruction and exercise in the correct method of using the toothbrush are most useful and supervision is required to ensure success. There appears to be no reason why toothbrush drill should not be practised in school.

Probably more parents would accept treatment if the half-crown fee were reduced.

The percentage of acceptances in some districts is probably influenced by the distance to clinics.

There is still room for improvement in acceptances. The number of entrants with decayed teeth is extremely high. This should improve as the result of mothers being educated to take advantage of the toddlers' clinics, with great advantage to the children and the Education Committee's dental services.

Since the addition to the dental staff, the percentages of acceptances of treatment appear to be increasing.

(iii) *Eye Clinics.*

The availability of the services of the whole-time Ophthalmic Specialist is of great assistance in difficult cases of refraction and also of squint in the young child, and his clinics are well attended and much appreciated.

The necessity of sending children to Ophthalmic Hospitals is now obviated as a result of the above.

Parents now usually agree to treatment for their children.

(iv) *Tonsils and Adenoids Operations.*

The extra facilities for tonsil and adenoid operations are welcomed.

Many enlarged tonsils do not appear to cause any ill effect on the general health ; others which appear to be badly infected sometimes clear up and become so reduced in size that they are scarcely noticeable. Removal is now only recommended in cases of interference with nasal breathing, frequent colds and sore throats, infection of the cervical glands, deafness or chronic ear discharge. Otherwise an expectant attitude is adopted.

In a number of cases improvement of health following the operation is noted and especially is this so where the child has previously suffered from frequent colds, defective hearing and enlarged glands.

(v) *Nutrition.*

There are few cases which can be classed as mal normal. Enquiry into individual cases frequently shows that the malnutrition is due to a badly balanced diet rather than to insufficient food.

It is also due often to the parent yielding to the likes and dislikes of the child to certain articles of diet.

Enquiry as to the reason why some children do not partake of the milk scheme has shown that in certain cases the child does not like milk or the parent does not wish the child to have it. Rarely has the cost of the milk been the cause.

The milk in schools scheme appears to have worked satisfactorily, with beneficial results to the health and physique of the children. Good results are especially observed where the milk is partaken both morning and afternoon.

The chief objections raised are that the children do not like cold milk and that the older girls are afraid of putting on weight.

The milk in schools scheme is showing good results and teachers report improvement in the children. They are brighter and more alert and better health means more regular attendance.

The privilege of free milk to those who cannot afford it is fully appreciated.

The milk in schools scheme has stimulated the taking of milk in school ; the only regret is that the number of children taking advantage of the scheme is not 100%.

There can be no doubt that the regular supply of milk is proving most beneficial to the health of school children.

Quite a number of children who it is reported will not drink milk at home appear to enjoy it at school.

The provision of a hot mid-day meal for those children who cannot return home is a question that urgently needs attention.

The milk scheme has not only benefited the children, but demonstrated the food value of fresh milk to the parents and encouraged them to buy this in preference to tinned or dried milks for consumption in the home.

(vi) *Orthopædics.*

Particular care is observed in ascertaining defects and referring children who require specialist advice to the Orthopædic Surgeon. The after-care clinic is of great assistance.

The attendance at after-care clinics is good. There are, however, certain parents who do not realise the need for continuing treatment until the deformity is cured.

(vii) *Minor Ailment Clinics.*

The domiciliary treatment of scabies is unsatisfactory. Hospital treatment would curtail the duration of the disease.

The minor ailment clinics are taken full advantage of and the increased facilities appreciated.

The provision of special clinics are of great assistance and usually appreciated by parents.

Parents attend extremely well at the clinics and on the whole follow the advice given.

The establishment of combined treatment centres has undoubtedly encouraged parents to take an interest in school medical work in all its branches.

(viii) *Care Committees.*

The local Care Committees have rendered valuable assistance and their services are of great help in obtaining the treatment necessary for certain cases.

(ix) *Ear Conditions.*

The condition of ear discharge is receiving increased attention and any difficulties have been referred to the Aural Specialist.

The prevention of deafness scheme shows encouraging results.

The treatment for ear discharge usually given is irrigation with Eusol, thorough drying, then insufflation with boric powder with 1 per cent. iodine.

Parents have in a number of cases expressed their appreciation of the facilities offered for treatment.

The ear, nose and throat clinics are a great boon and the Specialist's services are much appreciated.

(x) *Co-operation in School Medical Work.*

Thanks are again due to Nurses and Teachers for cordial support and co-operation in the work.

Much valuable work has been carried out by the Head Teachers in furthering the medical services.

Many of the Head Teachers are very helpful and where the Head Teachers are interested there are usually very few refusals by the parents to medical inspection.

The help of the School Nurses in this work is fully appreciated. It is largely due to their home visits and contact with the parents that permission for treatment is obtained.

(xi) *General.*

The more stringent regulations in regard to employment of children have decreased the number of certificates issued and curtailment of hours of work has had beneficial results.

The following is a copy of a note made by a School Medical Inspector on "Nerves in School Children":—

Both during the routine School Inspections and at the School Clinic I have been impressed by the growing number of young children brought forward by the parents on account of "nerves." On examination, the majority of these children show no signs of disease, and I have formed the opinion that the nervous state found in them is brought about by bad training and education from infancy. The mothers appear to be responsible and show a lamentable ignorance in bringing up these children, in many cases alternately bullying and spoiling them, with the result that there is a complete absence of any parental control. Most of these mothers complain of being "very nervous" themselves and freely discuss, in front of the children, their own and their children's symptoms.

It appears to me that this ignorance and lack of control on the part of so many parents is a growing menace, and that there is a call for useful education and training of parents in bringing up their children. The advice given by the School Doctor must of necessity be limited by

the time factor, and when given to an individual is often disregarded. Possibly talks by a competent person might be of value in diminishing the number of these " nervous " children by education of the parents.

6. Following Up.

The procedure adopted in following up in previous years has continued. The School Nurse is the main agent in this all important work, assisted by the District Nurse-Midwives as occasion requires. This means that continuous visits are made to the home until the condition is ameliorated or cured.

In prosecuting this work, the School Nurses made 36,092 and District Nurse-Midwives 7,955 visits to homes.

7. Medical Treatment.

(a) *Minor Ailment Clinics.*

The policy of providing increased facilities for this work has continued and during the year new Combined Treatment Centres have been built, equipped and brought into use at Hadleigh and Thundersley.

Plans have been drawn up for the establishment of new Combined Treatment Centres at Rainham, Burnham-on-Crouch, Rayleigh, Grays and Vange, and similarly for the replacement of old premises by new Centres at Braintree and Epping.

Additional sessions have been arranged at the three existing centres in Dagenham and ways and means are being investigated for the establishment of the much needed extra clinics in the Dagenham and Romford Areas.

At the 31 Minor Ailment Clinics in use, 19,400 individual children attended, making a total of 44,083 attendances.

(b) *Treatment of Tonsils and Adenoids.*

Table IV, Group III, indicates that 2,697 children received treatment during the year, and of these, 1,737 received operative treatment, an increase of 356 on the figure for 1933 and 15 on the figure for 1934. It is interesting to note that, of the cases dealt with by operation, there was a material increase (189) in those accepting treatment under the Committee's Scheme and a decrease of 174 being treated under private arrangements. This appears to indicate that the parents of elementary school children tend more and more to rely on the Committee for the treatment of their children.

The conservative view adopted a few years since in recommending these operations is maintained and this is assured by the assistance of the Specialists examining the children before operation.

(c) *Tuberculosis.*

The services of the County Tuberculosis Staff are always available for reference in regard to any child suspected of suffering from these conditions, and those of the County Sanatoria for treatment of actual cases.

During 1935, 217 (boys 122, girls 95) from the County Education Area received periods of Sanatorium treatment, viz. :—

	Boys.	Girls.	Totals.
Pulmonary conditions ..	13 ..	15 ..	28
Non-Pulmonary conditions ..	85 ..	52 ..	137
Observation	24 ..	28 ..	52
	122 ..	95 ..	217

(d) *Skin Diseases.*

Impetigo has again contributed more than is desirable to the numbers, as 3,446 received treatment, a decrease of 945 on the figure for 1934.

This condition, at least in its more serious aspect, can certainly be classed as one of neglect. If careful attention is given and ordinary cleanliness observed at the onset, it is easily eradicated.

Scabies, another condition of neglect, produced 421 cases, a reduction of 83 on the figure for 1934.

There were 119 cases of Ringworm of the body and 55 cases of Ringworm of the scalp treated. Of the latter 12 received exposure to X-Rays. 3,527 minor skin conditions received treatment.

(e) *External Eye Diseases.*

1,342 children received treatment for these conditions, 1,231 being treated under the Committee's Scheme.

(f) *Vision.*

Table IV, Group II, shows that 6,361 received treatment and of these 5,957 availed themselves of the facilities offered by the Committee.

The provision of glasses was recommended for 3,423 children and 3,122 actually obtained them. As a general rule, the glasses are obtained by the parent at a cheap rate under the Committee's Scheme. On the other hand, in necessitous cases, the whole or a portion of the cost is borne by the Committee. There is therefore no excuse for not obtaining the glasses, once the prescription has been issued.

The appointment of Mr. G. J. Ahern as Ophthalmic Specialist, mentioned in last year's report, has been fully justified and his services, together with the consultative part-time services of Mr. T. C. Collyer Summers, F.R.C.S., have considerably increased the facilities available.

As a result of the experience of the year's work and a report submitted by the School Medical Officer to the Committee, it has been decided to increase this service by the employment of a part-time Specialist during 1936 for two sessions per week.

The following is a short summary by Mr. Ahern on the ophthalmic work for the year 1935 :—

(i) *Children Under School Age.*

Arrangements have now been made in all areas, with the exception of Dagenham, for eye defects in children under school age to be referred to one of the County Centres. This is particularly desirable in children who develop squint. This defect most often appears between the ages of 2 and 6 years, and treatment at this age will give the best result. Delay in treatment until school age may result not only in a cosmetic defect, but to an absence of binocular vision or at least equally good vision in each eye. The necessity for a high standard of vision is becoming more apparent every day with the exacting requirements of modern times.

(ii) *School Children.*

The attendance of children referred to the various clinics is excellent. Treatment is seldom refused.

Certain children with eye conditions (*e.g.*, ulceration, blepharitis, trachoma) are sent to White Oak Hospital, Swanley, and the results are very gratifying.

The necessity of sending partially sighted children, particularly those who on leaving school will not be certified blind and therefore will have to live and compete with their more fortunate brothers, to school or classes where teaching is by sighted methods and disassociated from blind children has been pointed out. Classes which are complementary to and not independent of an ordinary school are advisable in the Dagenham Area and a sight saving class of the non-segregation type is being formed in South West Essex as was anticipated in my report of last year.

Partially sighted children in the rural areas still present some difficulty. There is no residential school available for partially sighted children exclusively. All partially sighted children are examined by a certified ophthalmologist and the system whereby difficult errors of refraction encountered by the School Medical Inspectors in their routine ophthalmic work are referred to the County Oculist still continues to work satisfactorily.

The number of School Medical Inspectors carrying out refraction work has been limited and the services of a part-time ophthalmologist for the more densely populated districts are being arranged.

(iii) *Blind Persons.*

The value of establishing various centres reasonably well equipped is of inestimable value in the accurate certification of blind persons. At present Form B.D.8 is completed in each case. This necessitates the recording of the ophthalmological condition at the time of the examination and the cause or causes primarily responsible for the visual failure.

Many persons who apply for their name to be placed on the blind register produce certificates of blindness, but further data is frequently necessary for useful statistical purposes. Transport is always a difficulty with these patients and the system of multiple clinics is convenient. Examination of patients in their own homes is difficult and frequently unsatisfactory.

(g) *Minor Ear Defects.*

Table IV, Group I, shows 2,851 as receiving treatment. The large majority, viz., 2,656, were dealt with under the Committee's Scheme.

The effort to provide better services for the following up and treatment of children suffering from ear discharge has been prosecuted throughout the year and with some measure of success.

Mr. C. Hamblen Thomas, F.R.C.S., held nine sessions during the year at Chelmsford (3), Tilbury (2), Braintree (2), Grays (1), and Epping (1), and examined 193 children who were referred to him for advice.

The following is a summary of the conditions found in these children :—

1.	Chronic Otitis Media	107
2.	Deafness caused by enlarged tonsils and adenoids ..	25
3.	Primary Nerve deafness	15
4.	Deafness due to Eustachian blockage	10
5.	Deafness due to chronic rhinitis and nasal obstruction	14
6.	Scherosis of tympanic membrane	5
7.	Adenitis	3
8.	Blockage of external auditory meatus by wax, &c...	12
9.	No defect	2

The following treatment was advised :—

1.	Removal of tonsils and adenoids with treatment by syringing ear and insufflation	90
2.	Local treatment only as above	67
3.	Politzerization	9
4.	Local treatment for rhinitis and nasal obstruction..	21
5.	Operative measure on mastoid and middle ear ..	5
6.	Psychological investigation	1
7.	Deaf School	3
8.	No treatment	7

From reports received so far, in 74 of the above cases, it has been ascertained that 63 have been cured or improved as a result of treatment, three have been admitted to a Special School for the Deaf, the parents of four refused treatment, one has left the district and three were not improved by treatment.

(h) *Dental Treatment.*

The two additional whole-time Dental Surgeons mentioned in last year's report unfortunately did not commence duty until late in the year. The first took up duty on 1st July, 1935, and the second on 2nd September, 1935, bringing the whole-time Dental Staff to seven, and each is provided with a female Dental Attendant. The Committee in July, 1935, appointed one of the existing staff, Mr. S. K. Donaldson, L.D.S., as Senior Dental Surgeon, with a view to assisting the School Medical Officer in organizing and supervising this essential section of the School Health services.

Arrangements are being made for increasing the whole-time staff during 1936 by three Dental Surgeons and three Dental Attendants.

When these appointments mature, the service will greatly benefit and a re-arrangement of the dental surgeons' areas will be necessary.

The dental services have been somewhat curtailed during 1935 owing to the long absence of one Dental Surgeon, due to a serious car accident, and even now she is not capable of full service.

Fortunately, during her absence emergency dental treatment in her area was maintained by the employment of a part-time Dental Surgeon, but inspections necessarily suffered.

Further, owing to the resignation of one of the Dental Surgeons, there was a lapse of one month before his successor could take up duty.

For these reasons, the total amount of work completed has not reached the desired figure.

The general scheme of dental inspection and treatment of the elementary school child has been similar to that for 1934.

Steps have not been taken to exclude from the scheme those children who have previously not accepted treatment.

Increased Combined Treatment Centre facilities have materially assisted in the dental scheme.

Table V gives figures in detail of the dental work carried out in 1935.

There were 2,543 half-day sessions devoted to the work, showing an increase of 460 on the previous year.

379 sessions were devoted to inspections and 2,164 to treatment, an increase of 67 inspection and 393 treatment sessions on the figures for 1934.

Inspection of 43,247 children was carried out and of these 29,693, or 68 per cent., were charted as in need of treatment.

The number of children who actually received treatment was 17,395, and 23,758 attendances were made for treatment.

Nitrous Oxide or other general anæsthetic was administered on 11,453 occasions.

The detailed return of work carried out shows that 41,282 teeth were extracted, including 34,633 temporary teeth, as against 6,649 permanent teeth.

In regard to conservative work, 1,944 temporary teeth and 8,444 permanent teeth were filled.

It will thus be noted that the endeavour to persuade parents to accept fillings is bearing some fruit, as 1,795 more permanent teeth were filled than extracted. More fillings accepted means more teeth permanently saved and more Dental Staff will be required to carry out the work, as the time required for fillings is much greater than that for extractions. The extra time and consequent expense involved, however, are regained in the permanent benefit to the child.

The following are the remarks of the Senior Dental Surgeon :—

> In reviewing the work of the past year, I am happy to report that the policy of the Committee in building up a progressive and more efficient full-time service is bearing fruit. Careful perusal of the figures in Table IV, Group V, demonstrates this, but unfortunately, due to changes of staff and the fact that the additions to staff were very late in commencing duties, the full value has not been forthcoming for the year under review.
>
> Briefly analysing the figures, we find 43,247 children were inspected, of whom 888 were specials or cases who had in all probability refused treatment at systematic inspection. Of the grand total, 29,693 or 68.65% were found to require treatment, which is still a very bad state of affairs. Of this number, 17,395 or 58.58% received treatment, which shows a very gratifying increase. Fillings (8,444) indicate the valuable work carried out by the staff, and lead one to believe that the incidence of caries is not high when in reality the figures refer to extensive work carried out in those cases who actually accept treatment. The same is also true in regard to extraction of permanent teeth, 6,649 or .37 per child treated. The foregoing may seem rather depressing but one must remember the extremely large task before our staff and take heart in being able to accomplish such results so early in the life of our full-time service.
>
> Dentistry, to be of real value to the patients and to the Authority making provision for their treatment, must be more than relief of pain or the removal of decayed and septic teeth. It must have for its aim complete treatment ; that is, saving of all permanent teeth whenever possible and extraction should only be the remedy when a tooth is too far decayed or when the saving of a tooth is likely to be only a questionable success. This is the aim of all your Officers, but unfortunately several factors continually work against their success. Chief among the difficulties is the continued reluctance of a section of the parents to accept this conservative treatment, which consequently means that per-

feetly saveable teeth at an inspection, say, this year, are found to be unsaveable at a subsequent inspection. We have met this difficulty in all areas and have tried many different methods to overcome it, including lectures and following up, and I am happy to say, with a fair measure of success, but there still remains a quite appreciable number with whom progress will be very limited, unless more drastic measures are adopted to strengthen our hand against what I consider to be the root cause of the evil.

I refer to what are known as *casuals*. These cases are a menace to the building up of a sound scheme of systematic inspection and treatment and offer of complete treatment is persistently refused in the knowledge that relief of pain is always to be had at Clinics under present conditions.

Here we have a very difficult problem, which is further complicated by the issue of Forms M.I.46* to parents at medical inspections. Unfortunately, there is not always complete understanding between the Medical and Dental Staff, with the result (I speak of areas served by full-time staff) that often the work is duplicated and a child referred for filling treatment may, when seen by the Dental Surgeon, be advised extraction, or *vice versa*. If two professional men differ in diagnosis what chance has the poor layman of arriving at a satisfactory conclusion? I would suggest that to remedy this in all areas fully covered by routine dental inspections, Form M.I.46 should be issued by the Dental Staff only and, whilst no officer wishes to expose any child to hardship for the fault of the parent, cases who persistently refuse complete treatment should be excluded from further systematic inspection and any offer of treatment until such time as they are prepared to accept complete treatment as advised by the Dental Surgeon. In conjunction with the above suggestion, Head Teachers would be debarred from issuing Form M.I.46.

The provision of premises plays a very important part in the production of good work by the staff and, under conditions as found in the new treatment centres, the acceptance of treatment is improving, due in no small measure to the confidence of parents and children alike in premises which are in keeping with the work undertaken.

Whilst we, as a school dental service, try our hardest to remedy the dental wrongs by making sound and healthy mouths, I am of the opinion that our task would be considerably lessened if we were to concentrate more and more in the Maternity and Child Welfare Department. By treating the mothers ante-natally and the children before school age, we should be working on sound lines.

By this I mean many of the ills that teeth are heir to come from an unsound dentition of the mother before her child is born, due either to natural physiological conditions or to a diet unsuitable at such times.

*Form issued to parents offering dental treatment.

It therefore follows that, to right this, the improved healthy outlook of the parent-to-be serves not only as something worth while accomplished, but it also prepares the ground for reception of advice regarding the children. Here again the parent will have a stimulated interest in dental matters, and children who are seen and treated in pre-school age are likely to automatically and willingly come into the scheme in school life and have the added advantage of requiring a minimum of treatment.

Much valuable work has been also carried out for the other services, viz., Tuberculosis, Maternity and Child Welfare, Public Assistance, &c. and, whilst it all means a percentage of time from what is our primary object, the economy in thus using whole-time staff is of considerable importance. Furthermore, I feel that this work is to the benefit of the Dental Surgeons themselves, since it keeps them in touch with a branch of the profession which would otherwise be neglected not from choice but due to circumstances.

During the year a communication was circulated to the staff, asking for information regarding a condition described as stained or mottled teeth. In most cases this condition had not been much noticed, but I, due to the many districts I visit, have had many opportunities of noting this. Whilst it may be met with in most parts of the County in varying degrees, it is known to be especially prevalent in the Maldon Area. I also found it equally prevalent in the Rochford Area and roughly estimate that 65% of the school population are affected there.

Drinking water with a high content of fluorides is regarded as the cause and in this area it would seem to be borne out by the fact that the water supply is obtained from two sources and, whilst children drinking water from one source are free, those from the other section are markedly affected. It is hoped to provide more conclusive evidence of this at a later date. The condition attacks the permanent dentition. I have rarely seen temporary teeth affected, but, whilst it is of an extremely disfiguring character, structurally I do not consider it causes the teeth to be any more liable to caries, in fact I am inclined to think the teeth are more sclerotic and less prone to decay.

(i) *Crippling Defects.*

Tuberculous conditions are referred to in paragraph 7 (*c*). At Residential Schools there were 62 children (boys 45, girls 17), suffering from non-pulmonary Tuberculosis.

Full use is being made of the classes for physically defective children at the Heathway Special School, Dagenham, for the milder degrees of crippling.

This school is now provided with the services of a School Nurse, who attends each morning and carries out any necessary treatment. Periodical medical examination is made of all the children and these, when fit, are returned to the ordinary school.

There are 137 children in attendance and grouped as follows :—

	Boys.	Girls.	Total.
Cripples	32 ..	27 ..	59
Heart conditions ..	11 ..	34 ..	45
Other	18 ..	15 ..	33

The orthopædic scheme continues to provide the necessary treatment and after-care for children presented.

The 15 after-treatment centres are staffed in the main by three whole-time orthopædic massenses, with the exception of the Epping and Woodford Centres, where the arrangements with the British Red Cross Society continue.

Mr. B. Whitchurch Howell, F.R.C.S., has continued as Consulting Orthopædic Surgeon.

A summary of the work for 1935 is set out below :—

The ascertainment clinics held total 68, viz., 10 at Dagenham, 8 at Woodford, 6 at Romford, 4 each at Brentwood and Harwich, 5 each at Grays and Tilbury, 3 each at Braintree, Chelmsford, Clacton, Colchester, Halstead and Maldon, and 2 each at Epping, Saffron Walden, South Benfleet and Stansted.

At these clinics 994 children (boys 508, girls 486) of school age were examined; of these, 298 (boys 152, girls 146) were new cases and 696 re-examinations (boys 356, girls 340).

The children seen were classified under the following headings :—

Congenital defects, club foot, &c.	125
Infantile Paralysis and after effects ..	111
Spinal curvature, &c.	111
Paralysis (Hemiplegia, &c.)	65
Cleft palate, including hare lip	6
Other deformities, &c., including injuries, &c. ..	576
	994

The following is a summary of the history of the cases and advice given :—

With history of having already had hospital treatment	231
To continue present form of treatment ..	149
Advised admission to hospital	90
Advised apparatus or modified boots ..	165
Advised massage or exercises, &c.	84
Advised observation	296
No treatment required	76
Discharged cured	134
	994

In addition, 221 children (boys 127, girls 94) under school age, were examined under the County Child Welfare Scheme and 312 for Local Autonomous Child Welfare Authorities participating in the scheme.

This makes a total of 1,527 children examined and many of these were presented for more than one examination.

With regard to treatment carried out, 63 school children (boys 31, girls 32) completed and 29 (boys 16, girls 13) were continuing a course of hospital treatment at the end of the year.

This left 36 children on the list awaiting hospital treatment, compared to 41 on the list at the end of 1934.

During the year there has been at times a little difficulty in regard to obtaining hospital beds, due partly to a few cases requiring a long stay in hospital and to outbreaks of infectious diseases holding up admissions.

In order, if possible, to obviate these delays, the Committee have agreed to provide in the estimates for extra beds for the next financial year and under this arrangement an average of 35 beds may be occupied as compared with 25 at present.

This should materially assist in reducing the waiting list.

The After-Treatment Centres and County Orthopædic Masseuses have again rendered most valuable service. Numbers treated and a short classification of treatments carried out at these centres are shown in the following table. These figures include the County Maternity and Child Welfare patients, but not patients from Autonomous Child Welfare Authorities, who by agreement are receiving after-care treatment at the centres marked*.

Clinic.	No. of Sessions.	No. of attendances.	No. of Patients treated.	Form of Treatment.			
				Massage.	Exercises.	Electrical.	Supervision.
Braintree	44	423	179	1	62	—	116
Brentwood	88	684	203	5	85	—	114
Chingford	101	1107	335	22	104	1	213
*Claeton	28½	132	81	—	9	—	72
*Colchester	41	166	83	—	6	—	79
*Dagenham	178	1006	398	4	87	—	308
Epping	152	268	37	10	15	—	14
*Grays	126	809	304	—	48	2	254
Hornchurch	96	1288	432	9	143	—	282
Laindon	48	275	121	—	12	—	109
Maldon	45	287	151	—	26	—	124
*Romford	127	1160	422	7	145	2	269
South Benfleet .. (Opened 3/10/34)	23	164	89	—	7	—	83
*Tilbury .. .. (Opened 10/9/34)	44	272	108	—	16	—	93
*Woodford	145	837	119	22	97	4	6

*These figures do not include patients from local autonomous Child Welfare Authorities.

(j) *Uncleanliness.*

Table VI shows that the School Nurses made 312,841 examinations for these conditions in the schools and that 3,972 children were classed as unclean. An average of 14 visits per school was made and cases of uncleanliness are followed up in the homes until the condition is considered satisfactory. The number of children found unclean is still much too high and indicates that, in spite of much energy on the part of the Nursing Staff, there are still a number of mothers who are so negligent or indifferent as to send their children to school in an unsatisfactory state of cleanliness. Nine children were cleansed under arrangements made by the Education Authority, and legal proceedings were taken against the parents in 10 cases.

The baths at Grays and Tilbury have continued to be popular, 975 being provided at the former and 9,176 at the latter centre.

8. Infectious Diseases.

In last year's report some comments were made on the complications caused by the wider movement of children as the result of the establishment of Central Schools and Classes, &c. During the year no grave difficulties have been encountered in this connection. Exclusion of the infected child and the contacts rather than school closure has been continued. In spite of this procedure closure was instituted for short periods in the case of eleven schools, viz., three by the Local Sanitary Authority and eight with the approval of the School Medical Officer.

The diseases necessitating school closure were :—measles 4, diphtheria 2, influenza 3 and mumps 2.

Under paragraph 15 (ii) of the Board of Education Administrative Memorandum Number 51, certificates were issued for 90 schools in respect of reduced attendances caused by the following infectious diseases :—Measles 32, whooping cough 18, influenza 13, chickenpox 12, mumps 7, scarlet fever 6 and diphtheria 2.

Again I am pleased to record that there were no exclusions for small pox.

At the beginning of September, 1935, the County Council were unwilling participators in an epidemic of milk-borne Scarlet Fever in a district adjoining a Borough in which a milk supply had in late August become infected by a farm hand (milker) carrying out his duties whilst suffering from a sore throat. The milk purveyor had sent some of the supply to a vendor in the rural area as accommodation milk and this caused a small outbreak in the area served.

This supports the Board of Education recommendation that, whenever available, pasteurised milk should be used for distribution to school children.

The School Medical and Nursing Staffs have rendered assistance to the Local Sanitary Authorities in certain areas in connection with the immunisation of children against diphtheria.

9. Open-Air Education.

(a) *Open-Air Classes.*

As and when opportunity affords, these are held in the playgrounds. No open-air classrooms were added during the year. For Open-Air Schools see 13 (*g*).

(b) *School Journeys.*

The number of schools which have organised educational visits to places of interest bears satisfactory evidence that this valuable side of School life has not been neglected. Several well arranged school journeys of longer duration have been undertaken and the keenness of the scholars has been aroused by the well executed booklets prepared by the scholars and their teachers as introductions to the journeys to be made.

(c) *School Camps.*

Educational—Nil recorded.

The Public Assistance Committee have for the past four years organised a camp at Tendring during the month of August for children from the Children's Homes. These camp gatherings have been very popular and are, no doubt, from a health and recreative change point of view, of great benefit to the children concerned. During 1935, 193 children had the advantage of this arrangement.

10. Physical Training.

The Director of Education has kindly supplied the information set out below :—

> The Committee's scheme for the inspection and oversight of the Physical Training in the Elementary Schools during 1935 has progressed on similar lines to those followed in 1934, when additional assistance was provided during the last 4 months of the year by the appointment of another Physical Training Mistress to the Romford County High School for Girls, this mistress doing half-time duty in the Romford and Dagenham Districts. The teacher in question resigned on marriage, her place being filled by Miss Perkins, who has the same elementary schools under her care and supervision.
>
> Miss Craig, Physical Training Instructress at the Braintree County High School, left at the end of September for an appointment in Middlesex and from September to December an extra day per week on elementary school work was allotted to Miss Collman, who had relinquished her appointment at the Harwich County High School.
>
> The Committee's Staff for 1935 included Miss F. A. Morgan, Physical Training Instructress at the Saffron Walden Training College, Miss Craig, Physical Training Instructress at the Braintree County High School (January to July), Miss Collman, Physical Training Instructress at the Clacton County High School and Miss Perkins, Physical Training

Instructress at the Romford County High School for Girls. As previously mentioned, the duties undertaken by this part-time staff include the instruction of teachers in accordance with the Physical Training Syllabus of the Board of Education and the following up of this instruction by visiting schools to give advice and help in the proper carrying out of the work, much of the time during visits being given to actual class teaching as a means of demonstration to the teachers concerned. There is much evidence that the efforts of the Physical Training Staff have been welcomed in the schools and that the quality of the Physical Training is steadily improving. During the year under review 6 courses in Physical Training for teachers were arranged. These were as follows :—

	No. of Enrolments.
Walthamstow County High School for Girls ..	89
Southend, Hamlet Court Road School	102
Romford County High School	58
Dagenham, Eastbrook Council Girls' School ..	100
Clacton-on-Sea Council Senior School	54
Saffron Walden Training College	54

The last mentioned course was an intensive one lasting over $3\frac{1}{2}$ days.

During the last two years, six awards to cover college fees for a year's training have been made to teachers in Elementary and Secondary Schools to attend the Carnegie Physical Training College for Men at Leeds and this arrangement has assisted in raising the standard of the teaching in the Senior and Secondary Schools to which these teachers are attached.

11. Provision of Meals, &c.

Circular 1443 of the Board of Education issued on the 16th December, 1935, must be heartily welcomed by the School Medical Service as this is a desirable advance on Circular 1437 in regard to the methods to be adopted in the selection of children for the provision of meals.

The Committee's Scheme for the provision of meals in certain districts and enquiries into the necessity for making further provision in these and other districts have continued.

The following is a summary of provision made during 1935 :—

(1) *Meals consisting of a mid-day dinner* :—

(a) *Dagenham Area.* Arrangements have continued on similar lines to previous years, the supervision of this being carried out by the Care Committee.

Three Centres have been in operation and 125,813 meals provided.

(b) *Orsett Area.* The feeding of children at Tilbury has been continued and milk is still being supplied in lieu of meals in the summer months.

(c) *Romford Area.* During 1935 it was found necessary to close one of the three centres (Brentwood Road) at the end of July owing to depletion of numbers in attendance, the few remaining children requiring meals being conveyed to the Billet Lane and Willow Street Centres.

34,469 free meals have been supplied. The Care Committee reports that the number attending were at the maximum (213) in February and minimum (134) in November. This Committee has also made small grants out of their funds each Christmas to provide special extras.

(d) *Other Areas.* At various schools facilities are provided for a mid-day meal at a small charge.

The Committee has arrangements whereby facilities are available for serving mid-day meals in many of the Senior Schools where the scholars are drawn from a wide area. They are also considering the question of such provision in other schools where it would appear desirable to have these facilities. In this connection, the smaller the school the greater are the difficulties.

(2) *Scheme for the Supply of Milk, Cod Liver Oil and Malt, &c.* This matter was dealt with at length in the Report for 1934, the year of the inauguration of the Milk Marketing Board Scheme for the supply of milk at a cheap rate.

The Milk Scheme was readily accepted and received the full co-operation of most Head Teachers on whose willing help the success of the scheme must depend. As a result of these efforts under the Milk Marketing Board Scheme, the following numbers are participating :—

Number of Schools ..	..	463
Number of Children	..	38,044

Outside the Scheme.

Number of Schools ..	..	87
Number of Children	..	4,214

The County Medical Officer, after consulting the local Medical Officers of Health, issued during the year 444 certificates approving of the source and quality of the milk supplied. On 31st December, 1935, there were 502 certificates in operation under the scheme.

During the period 5th November, 1935, to 27th February, 1936, samples of milk as delivered to the schools were obtained and submitted to biological examination and the bacteria count and coliform bacteria test, with the following results :—

(a) *Biological Examination.* 479 samples, of which 11 gave inconclusive results and 26 (5.5%) were found to contain tubercle bacilli. In respect to the last mentioned samples, prompt action was taken by the Chief Veterinary Officer with a view to eliminating from the herds concerned any cow which was found to be giving tubercle bacilli in the milk.

(b) *Bacteria Count and Coliform Bacteria Test.* The standard adopted is that which applies to Grade A milk, namely, the number of bacteria must not be more than 200,000 per cubic centimetre and coliform bacillus must be absent in 1/100th of a cubic centimetre. Of the 468 samples examined, 6.6% did not comply with the adopted standard in respect to the number of bacteria and 8.1% in respect to the coliform bacillus. In each of the unsatisfactory cases representations were made to the local Medical Officer of Health and in some instances advisory visits by members of the staff of the County Health Department were made to the farms concerned.

In regard to those schools not participating, enquiries show that in the majority of the cases some other form of drink, such as cocoa, malted milk, &c., is provided.

Cod Liver Oil and other food adjuvants are supplied on the recommendation of the School Medical Inspector.

12. Co-operation of :—

(a) *Parents.*

Co-operation on the whole is reported to be good, but all members of the staff express the desire that further efforts are still necessary to obtain full co-operation of parents in regard to acceptance of dental treatment.

Attendance at routine medical inspections is given as 63 per cent.

(b) *Teachers.*

There is every evidence that useful co-operation continues and that in the main Head Teachers are always willing to follow the recommendations of the School Medical Inspectors in matters concerning the health of the children.

Thanks are due to the Teachers for the efficient working of the Milk Scheme and also, in several instances, assistance in providing hot drinks at mid-day and, in some schools, even meals.

(c) *Attendance Officers.*

No difficulties have been met with during the year, showing that personal co-operation with these officers continues satisfactorily.

(d) *The County Committee for the Care of the Blind.*

This Committee, which took over the statutory work under the Blind Persons Act in October, 1934, renders every possible assistance through the home teaching service.

(e) *Voluntary Bodies, &c.*

Our thanks are again readily given to willing and ready assistance received in the various areas from the following :—

The Voluntary Hospitals, Care of Children Committees, Public Assistance Committee, County Nursing Association, County Association for the Care of the Blind, Essex Voluntary Association for Mental Welfare, National Society for Prevention of Cruelty to Children, the British Red Cross Society, the Society of the Order of St. John, the Hospital Savings Association, the Invalid Children's Aid Association and the Essex Rural Community Council.

13. Blind, Deaf and Epileptic Children, &c.

The ascertained number of children afflicted are set out under the various sub-headings in Table III.

(a) *Blind.*

There are 20 children certified as blind under the Education Act and, of these, 13 are in recognised schools for the blind. Of the seven not at school, one is over 14 years of age, one has since been admitted to a special school and one is awaiting a vacancy at a special school. The parents of four (two of whom are under five years of age) have not yet agreed to admission to a special school.

There are 98 children registered as partially sighted. Of these, 47 are in attendance at special classes or schools (14 being in attendance at the Grays Class for the Partially Sighted) and 4 in other institutions. 33 are in elementary schools and 14 not at any school or institution. The majority of the latter 14 are between the ages of 14 and 16 and are not in attendance by the desire of the parents.

Arrangements are in progress for the establishment of a further class for the partially sighted in the populous southern area.

(b) *Deaf.*

There are 52 children classed as deaf : 41 of these are at certified schools for the deaf and two in other institutions. There are also five classed as partially deaf in recognised schools for the deaf.

(c) *Epileptics.*

Of the 38 children classed as epilepties, 12 are in attendance at special schools.

(d) *Mentally Defective.*

There are 458 children (boys 282, girls 176) certified as educable mental defectives. 224 children (boys 138, girls 86) are in attendance at special schools, 48 (boys 31, girls 17) being in residential schools.

At the three Special Day Schools available in the Essex Education Area, there are 189 on the books, made up as follows :—

	Boys.	Girls.	Totals.
Grays	15 ..	20 ..	35
Woodford ..	26 ..	12 ..	38
Dagenham ..	73 ..	43 ..	116

In addition. 5 children (boys 4, girls 1) are in attendance at the Walthamstow Day School for the Mentally Defective.

(e) *Cripples.*

See paragraph 7 (i).

(f) *Children Suffering from Multiple Defects.*

These number 47 and are always most difficult to place educationally. Nevertheless, 22 have been successfully placed in Certified Special Schools.

(g) *Delicate Children.*

This class of child is a floating population as improvement of health by open-air and other treatment removes the child from this category.

At the end of the year there were 317 children classed as delicate, 170 of these being in attendance at certified special schools.

(1) *Open-Air Day Schools.*

Two schools are provided by the Education Committee with day classes at which children can be given periods of attendance, viz. :—the Dagenham Heathway Special Class and the Grays Open-Air School.

The Grays Open-Air School is a Mixed School with accommodation for 60 children.

Careful scrutiny is kept over the admissions and discharges and the children when in attendance, and there have been 45 admissions and 39 discharges during the year.

The discharges are grouped as follows :—

Returned to Elementary Schools	31
Attained School Leaving Age	3
Left the District	2
Unsuitable for Open-Air Treatment	2
Other reasons	1

Dr. Boul in his report on this school includes the following :—

Average increase in weight, 5½lbs.
Average increase in height, 2¼ins.
Greatest increase in weight, boys 8lbs., girls 12lbs.
Greatest increase in height, boys 2¾ins., girls 3ins.

My remarks for 1934 regarding the poor physique of entrants holds good for 1935. Twenty children suffering from marked anæmia were prescribed Hæmolac in addition to the ordinary dietary.

That this school is doing most useful work in catering for the debilitated child from the area is without doubt and it is hoped that the long spoken of extension of the school will soon be an actual fact.

(2) *Residential Open-Air Schools.*

These have not been established in the County; consequently children in need of such treatment must perforce be sent to outside institutions.

(3) *Convalescent Homes.*

Full advantage has been taken of these in sending children for various periods of convalescence. In the County, 30 children received treatment at the Ogilvie Home of Recovery, Clacton, and arrangements have been made during the year with the British Red Cross Society to participate in the use of the Mabel Greville Convalescent Home, Walton-on-the-Naze, with good results. Children have also been sent to Convalescent Schools outside Essex, including the Russell-Cotes School of Recovery, Parkstone, Dorset, where 4 beds are retained.

By the use of these various Homes. 227 children (girls 114, boys 113) have received convalescent treatment.

14. Full-Time Courses of Higher Education for Blind, Deaf, Defective and Epileptic Children.

Forty-three students were in process of training during 1935, viz. :—blind 32, cripples 9, epileptics 2.

The following is a summary of those who ceased training :—

Blind.

10 left for the following reasons :—

Three completed course and transferred to workshops.
Five transferred to Home Workers' Section.
One passed to an outside Authority.
One unsatisfactory for further training.

Deaf.

One employed on personal staff of a Cripples Home.
One left as untrainable.

Epileptic.

One transferred to Home Section under Public Assistance Committee.

15. Nursery Schools.

These schools have not been established but, after due consideration, and the recent encouragement from the Board of Education, there appears every prospect that a beginning in this most necessary branch of the children's welfare will soon be an actual fact.

16. Secondary Schools and other Institutions of Higher Education.

Routine inspections have been made in all maintained schools, and also for the first time in all deficiency aided schools who have agreed to medical inspections, with the result that 7,033 scholars were subjected to routine inspection, compared with 4,997 in 1934. In addition, 745 scholars have been re-inspected and 226 scholars examined as specials.

The tabulated results of routine and special inspections are set out in Table II S.

The number of scholars referred for treatment as the result of routine inspection was 759 or 10.7%, a very satisfactory reduction on the 15.1% shown for 1934. This may be partly accounted for by the fact that a more general examination was made of older scholars due to this being the first complete examination in some of the aided Secondary Schools.

Dental treatment of secondary scholars is not yet completely arranged, but there has been much progress as arrangements have been made with the Barking and Walthamstow Part III Education Authorities, whereby the inspection and treatment of scholars in attendance at secondary schools in those areas are carried out by the Dental Staff of those Authorities. This is a step in the right direction, and ensures continuous treatment at the same clinics and by the same staff for many of the scholars who previously attended the elementary schools in those areas.

It is to be hoped that other Part III Authorities may see the great advantage to the scholars concerned and similarly assist in this most desirable arrangement.

Table V. S. gives the results of dental inspection and treatment of secondary scholars.

It will be seen that 3,057 scholars, ranging in age from 7 to 15 years, together with 19 specials, making a total of 3,076, were inspected, and of these, 1,834 or 59.6% were recorded as needing treatment. This is ample evidence that the inspections are necessary.

During the year, 466 scholars actually accepted treatment and made 682 attendances, 165 permanent teeth being extracted and 882 filled, together with other treatment of 147 permanent teeth.

Further consideration has been and is still being given to providing other forms of medical treatment for secondary and technical scholars. Previously treatment has been limited to the children of necessitous parents.

17. Parents' Payments.

As in previous years, except in the case of very minor ailments, parents are expected to contribute to the cost of treatment in proportion to their financial circumstances.

18. Health Education, Propaganda, &c.

The policy of encouraging members of the staff to give lectures on health matters at Open Days at Schools, Health Weeks, Institutes, &c., has continued.

19. Special Enquiries.

There have been no original special enquiries worthy of mention carried out during the year.

20. Miscellaneous.

(a) *Teachers.*

Two monitresses were medically examined during the year.

(b) *Employment of Children and Young Persons Regulations.*

The number of examinations under this heading again shows an increase, *i.e.*, 951 compared with 860 for 1934.

A summary of the particulars is as follows :—

	Boys.	Girls.	Totals.
(1) Submitted for examination	889	62	951
(2) Passed as fit	876	61	937
Employments :—			
(*a*) Farm work ..	96	29	125
(*b*) Home	42	15	57
(*c*) Gardening ..	20	—	20
(*d*) Paper delivery ..	365	9	374
(*e*) Milk delivery ..	51	2	53
(*f*) Errands	87	—	87
(*g*) Others (Bread, caddying, grocery, &c.) ..	215	6	221

(c) *Examinations carried out under the Children and Young Persons Act of 1933.*

33 children (boys 27, girls 6) were examined.

MEDICAL INSPECTION RETURNS.

ELEMENTARY SCHOOLS.

TABLE I.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1935.

A.—Routine Medical Inspections.

Number of Prescribed Group Inspections.

Entrants	15,045
Second Age Group	17,084
Third Age Group	13,685
Total	45,814

B.—Other Inspections.

Number of Special Inspections	10,444
Number of Re-Inspections	25,099
Total	35,543

C.—Children found to require Treatment.

Number of Individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups —		Percentage.
Entrants	1,750	11.63
Second Age Group	2,316	13.55
Third Age Group	1,762	12.87
Total (Prescribed Groups) ..	5,828	12.72

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1935.

Defect or Disease.		Routine Inspections. No. of Defects.		Special Inspections. No. of Defects.	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm :				
	Scalp	1	—	12	—
	Body	1	—	96	—
	Scabies	18	—	112	—
	Impetigo	25	—	702	—
	Other Diseases (Non-Tuberculous)	71	23	1639	4
Eye	Blepharitis	111	18	187	3
	Conjunctivitis	9	2	101	—
	Keratitis	—	—	11	—
	Corneal Opacities	—	—	9	—
	Other Conditions (excluding Defective Vision and Squint)	6	4	202	1
	Defective Vision (excluding Squint)	2408	672	597	104
	Squint	41	5	38	4
Ear	Defective Hearing	146	40	80	4
	Otitis Media	68	3	209	—
	Other Ear Diseases	55	54	177	6
Nose and Throat	Chronic Tonsillitis only	1341	2237	548	376
	Adenoids only	54	109	31	16
	Chronic Tonsillitis and Adenoids	818	501	426	71
	Other Conditions	29	23	189	3
Enlarged Cervical Glands (Non-Tuberculous)		91	325	186	47
Defective Speech		11	22	14	3
Heart and Circulation	Heart Disease :				
	Organic	—	—	27	—
	Functional	72	262	64	74
	Anæmia	33	27	102	8
Lungs	Bronchitis	36	9	157	1
	Other Non-Tuberculous Diseases	71	143	69	17
Tuberculosis,	Pulmonary :				
	Definite	1	—	1	—
	Suspected	22	1	10	—
	Non-Pulmonary :				
	Glands	5	4	12	—
	Bones and Joints	—	1	5	—
	Skin	1	—	1	—
	Other Forms	—	—	1	—
Nervous System	Epilepsy	6	6	13	—
	Chorea	10	7	84	4
	Other Conditions	2	19	83	7
Deformities	Rickets	1	1	4	—
	Spinal Curvature	21	48	27	15
	Other Forms	294	783	216	123
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		365	522	1068	57

TABLE II.—*continued.*

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	15045	635	4.22	12701	91.06	650	4.32	59	.40
Second Age-group ..	17084	707	4.14	15573	91.16	765	4.48	39	.22
Third Age-group ..	13685	727	5.31	12543	91.65	405	2.98	10	.06
Other Routine Inspections	Nil	—	—	—	—	—	—	—	—
Total ..	45814	2069	4.52	41817	91.27	1820	3.97	108	.24

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA IN 1935.

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
13	—	–	7	20

Partially Sighted Children.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
17	30	33	4	14	98

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution	Total.
41	6	2	3	52

TABLE III—*continued.*

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
5	—	5	2	1	13

Mentally Defective Children.

FEEBLE-MINDED CHILDREN.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
224	139	2	93	458

Epileptic Children.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
12	15	—	11	38

Physically Defective Children.

A—TUBERCULOUS CHILDREN.

(i) *Children suffering from Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools	At other Institutions.	At no School or Institution.	Total.
11	16	1	31	59

(ii) *Children suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
62	289	3	67	421

TABLE III.—*continued.*

B—DELICATE CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
170	127	2	18	317

C—CRIPPLED CHILDREN.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
89	346	13	184	632

D—CHILDREN WITH HEART DISEASE.

At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
63	37	2	52	154

Children suffering from Multiple Defects.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At other Institutions.	At no School or Institution.	Total.
M.D. and Epileptic ...	9	2	—	4	15
M.D. and Cripple ...	9	6	—	7	22
M.D. and Heart ...	2	—	—	1	3
M.D. and Blind ...	—	—	1	1	2
M.D. and Deaf ...	—	—	—	1	1
Cripple and Deaf ...	—	—	—	1	1
Cripple and Heart ...	1	1	—	—	2
Epileptic and Heart	1	—	—	—	1
Totals ...	22	9	1	15	47

†Mental Defect.

TABLE IV.

RETURN OF DEFECTS TREATED DURING 1935.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table VI.)

Disease or Defect. (1)	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm-Scalp—			
(i) X-Ray Treatment	12	—	12
(iii) Other	43	—	43
Ringworm-Body	112	7	119
Scabies	401	20	421
Impetigo	3412	34	3446
Other skin disease	3417	110	3527
Minor Eye Defects .. .. .. (External and other, but excluding cases falling in Group II.)	1231	111	1342
Minor Ear Defects	2656	195	2851
Miscellaneous .. .. .. (*e.g.*, minor injuries, bruises, sores, chillblains, &c.)	3051	2002	5053
Total	14335	2479	16814

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.)

Defect or Disease. (1)	No. of Defects dealt with.		
	Under the Authority's Scheme. (2)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint) ..	5957	400	6357
Other Defect or Disease of the Eyes (excluding those recorded in Group I.)	—	4	4
Total	5957	404	6361

Total number of children for whom spectacles were prescribed	
(*a*) Under the Authority's Scheme	3054
(*b*) Otherwise	369
Total number of children who obtained or received spectacles	
(*a*) Under the Authority's Scheme	2764
(*b*) Otherwise	358

TABLE IV.—*continued.*

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.														
Received Operative Treatment.														
Under the Authority's Scheme —in Clinic or Hospital. (1)				By Private Practitioner or Hospital, apart from the Authority's Scheme. (2)				Total. (3)				Received other forms of Treatment. (4)	Total number treated. (5)
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
11	20	1050	—	161	9	186	—	472	29	1236	—	960	2697
1381				356				1737					

(i) Tonsils only. (ii) Adenoids only. (iii) Tonsils and Adenoids. (iv) Other defects of the nose and throat.

GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme. (1)			Otherwise. (2)			Total number treated.
	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	Residential treatment with education. (i)	Residential treatment without education. (ii)	Non-residential treatment at an orthopædic clinic. (iii)	
Number of children treated.	49	14	2649	2	4	45	2763

TABLE V.—DENTAL DEFECTS.

(1) Number of Children who were :—

(*a*) Inspected by the Dentist :

Routine Age Groups	5	5268	
	6	6089	
	7	5732	
	8	5144	
	9	4983	Total ... 42359
	10	4247	
	11	3692	
	12	3227	
	13	3079	
	14	899	
Specials			888
Total (Routine and Specials) ...			43247

(*b*) Found to require treatment .. 29693

(*c*) Actually treated 17395

(2) Attendances made by children for treatment 23758

(3) Half-days devoted to :—

Inspection ...	... 379	Total ... 2543
Treatment ...	...2164	

(4) Fillings :—

Permanent teeth	8444	Total ... 10388
Temporary teeth	1944	

(5) Extractions :—

Permanent teeth	6649	Total ... 41282
Temporary teeth	34633	

(6) Administrations of general anæsthetics for extractions 11453

(7) Other operations :—

Permanent teeth	1466	Total ... 2537
Temporary teeth	1071	

TABLE VI.

Uncleanliness and Verminous Conditions.

(i.) Average number of visits per school made during the year by the School Nurses	14
(ii.) Total number of examinations of children in the Schools by School Nurses ...	312841
(iii.) Number of individual children found unclean	3972
(iv.) Number of children cleansed under arrangements made by the Local Education Authority	9
(v.) Number of cases in which legal proceedings were taken :—	
(*a*) Under the Education Act, 1921	1
(*b*) Under School Attendance Bye-laws...	9

SECONDARY SCHOOLS.

TABLE I. S.

RETURN OF MEDICAL INSPECTIONS, YEAR ENDED 31st DECEMBER, 1935.

A.—Routine Medical Inspection.

Number of Group Inspections.

Entrants	1,095
Second Age Group	3,240
Third Age Group...	2,698
Total	7,033

B.—Other Inspections.

Number of Special Inspections	226
Number of Re-Inspections	745
Total	971

C.—Children found to Require Treatment.

Number of Individual Children found at Routine Medical Inspection to require Treatment (Excluding Uncleanliness and Dental Diseases.)

Prescribed Groups—		Percentage.
Entrants	112	10.23
Second Age Group	309	12.62
Third Age Group	338	12.16
Total	759	10.79

TABLE II. S.

A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION. YEAR ENDED 31ST DECEMBER, 1935.

Defect or Disease.		Routine Inspections.		Special Inspections	
		Requiring Treatment.	Requiring to be kept under observation, but not requiring Treatment.	Requiring Treatment.	Requiring to be kept under observation but not requiring Treatment.
(1)		(2)	(3)	(4)	(5)
Skin	Ringworm : Scalp	—	—	—	—
	Ringworm : Body	—	—	—	—
	Scabies	1	—	—	—
	Impetigo	—	—	—	—
	Other Diseases (Non-Tuberculous)	9	2	1	2
Eye	Blepharitis	7	1	—	3
	Conjunctivitis	1	—	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	—	—	—
	Defective Vision (excluding Squint)	542	234	26	29
	Squint	—	1	—	—
	Other Conditions	1	1	—	—
Ear	Defective Hearing	19	5	2	—
	Otitis Media	5	—	—	—
	Other Ear Diseases	15	9	—	—
Nose and Throat	Chronic Tonsillitis only	42	141	9	13
	Adenoids only	1	6	—	—
	Chronic Tonsillitis and Adenoids	27	57	3	3
	Other Conditions	—	1	—	—
Enlarged Cervical Glands (Non-Tuberculous)		10	21	1	4
Defective Speech		1	—	—	—
Heart and Circulation	Heart Disease : Organic	—	—	—	—
	Heart Disease : Functional	15	39	3	10
	Anæmia	1	9	—	—
Lungs	Bronchitis	2	—	—	—
	Other Non-Tuberculous Diseases	5	8	—	—
Tuberculosis	Pulmonary : Definite	—	—	—	—
	Pulmonary : Suspected	—	—	—	—
	Non-Pulmonary : Glands	—	—	—	—
	Non-Pulmonary : Bones and Joints	—	—	—	—
	Non-Pulmonary : Skin	—	—	—	—
	Non-Pulmonary : Other Forms	—	—	—	—
Nervous System	Epilepsy	—	—	—	—
	Chorea	—	—	—	—
	Other Conditions	—	3	—	—
Deformities	Rickets	—	—	—	—
	Spinal Curvature	2	43	—	1
	Other Forms	55	522	5	17
Other Defects and Diseases (Excluding Uncleanliness and Dental Diseases).		40	74	4	7

TABLE II. S.—*continued.*

—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING THE YEAR IN THE ROUTINE AGE GROUPS.

Age-groups.	Number of Children Inspected.	A (Excellent).		B (Normal).		C (Slightly subnormal).		D (Bad).	
		No.	%	No.	%	No.	%	No.	%
Entrants	1095	50	4.57	986	90.04	58	5.30	1	.09
Seeond Age-group ..	3240	147	4.54	2975	91.82	118	3.64	—	—
Third Age-group ..	2698	182	6.75	2466	91.40	50	1.85	—	—
Total	7033	379	5.39	6427	91.38	226	3.22	1	.01

TABLE V. S.—Dental Inspection and Treatment.

(1) Number of Children inspeeted by the Dentist :—

(*a*) Routine age-groups :

Age :	7	8	9	10	11	12	13	14	15	16	17	18	19
Number :	4	1	31	108	548	589	593	660	358	121	30	10	4

	Total ..	3057
(*b*) Speeials		19
(*c*) Total (Routine and Speeials)		3076
(2) Number found to require Treatment		1834
(3) Number aetually treated		466
(4) Attendanees made by Children for Treatment		682
(5) Half-days devoted to :—		
Inspeetion		22
Treatment		97
Total		119
(6) Fillings :—		
Permanent Teeth		882
Temporary Teeth		—
Total		882
(7) Extraetions :—		
Permanent Teeth		165
Temporary Teeth		58
Total		223
(8) Administrations of General Anaestheties for Extraetions		145
(9) Other Operations :—		
Permanent Teeth		147
Temporary Teeth		—
Total		147